Attachment Ten Maternity Care Program Operational Manual Effective 1.1.16

District:

Quality Improvement Activity Form

Activity Number Initial Submission: Continued:			A	Activity Name:			By Whom or How was issue / concern identified:			
Discontinued:										
Overview of Activity:										
Numerator	Numerator Denominator Ba		Baseli	ine	Benchm	Benchmark:			asurement	
<u> </u>									iod:	
Description of	f !	Samp	ple Siz	ze:	Samp	ling Meth	odology:		a Collection	
Population:									thod	
Why is Astinity Delegant?									Administrative MRR Claims Other, explain	
Why is Activity Relevant?										
Opportunities for Improvement				Barriers						
Interventions				Timeline				Outcome		
Plan:										
Analysis Conducted by:					Responsible Party:					